

WORKERS' COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.)

Policy No. _____ Company _____

- ☐ Certified copy is hereby furnished.
☐ Certified copy is filed with the county building inspection department.

Date _____ Applicant _____

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws.

Date _____ Applicant _____

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Number _____ Lic. Class _____

Contractor _____ Date _____

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

Date: _____

Signature _____

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):

☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code.)

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code.)

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name _____

Lender's Address _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all County ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

Signature of Applicant or Agent _____

Date _____

APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT TO FILL IN					
BUILDING ADDRESS <u>236 S. ATLANTIC BLVD</u>					
CITY <u>Los Angeles</u> CALIF. ZIP <u>90022</u>					
NO. OF BLDGS. NOW ON LOT					
TRACT		BLOCK		LOT NO.	
OWNER TEL. NO. <u>283-1434</u>					
ADDRESS <u>1424 Campbell</u>					
CITY <u>Alhambra</u> CALIF. ZIP					
ARCHITECT OR ENGINEER TEL. NO.					
ADDRESS					
CONTRACTOR <u>Ignacio L. Michel</u> TEL. NO. <u>890-2376</u>					
ADDRESS <u>1470 Filmore St.</u> LIC. NO. <u>554213</u>					
CITY <u>Arleta</u> CALIF. LIC. CLASS <u>B</u>					
SQ. FT. SIZE		NO. OF STORIES		NO. OF FAMILIES	
CHECK ONE					
DESCRIPTION OF WORK					
<u>Proposed Encade</u>					
USE OF EXISTING BLDG.					
APPLICANT (PRINT) TEL. NO.					
ADDRESS					
PRESENT BUILDING ADDRESS					
LOCALITY					
MOVING CONTRACTOR TEL. NO.					
ADDRESS					
REQUIRED SET BACK		YARD		HWY	
FRONT P.L.				TOTAL SETBACK FROM PROP. LINE	
SIDE P.L.				EXIST. WIDTH	
P.L.					
P.C. Fee \$ <u>49.13</u> Permit Fee					
Investigation Fee Issuance Fee					
Total Fee					
BUILDING ADDRESS <u>236 S. Atlantic Bl.</u>					
LOCALITY <u>FLA</u>					
NEAREST CROSS ST. <u>Second St.</u>					
ASSESSOR MAP BOOK PAGE PARCEL					
USE ZONE <u>C-3</u> MAP NO. <u>3210</u>					
SPECIAL CONDITIONS					
DISTRICT <u>6</u>		GROUP <u>B-2</u>		TYPE CONST. <u>FN</u>	
FIRE ZONE <u>III</u>		PROCESSED BY			
STATISTICAL CLASSIFICATION					
CLASS NO. <u>22</u> DWELL. UNITS					
APR. CONDO.					
SEWER MAP					
BK. PG.					
VALUATION					
\$ <u>4000.00</u>					
\$					
FINAL DATE					
FINAL By					
LDMA Ref. #					
LDMA P/C #					
LDMA Perm. #					

SEE REVERSE FOR EXPLANATORY LANGUAGE

50.13
49.13
1.00

INSPECTOR COPY

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01 * VALIDATION
*49.13 3F
20 1 ***E
23662
01-02-91
#0
expired 8/6/93

